Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this is amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Bruce	Jeannette
	your government-issued picture identification (for	First name	First name
	example, your driver's license or passport).	Alan	Adele
	,	Middle name	Middle name
	Bring your picture identification to your	Cartwright	Cartwright
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6036	xxx-xx-0211

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and	■ I have not used any business name or EINs. Business name(s)	■ I have not used any business name or EINs. Business name(s)
	doing business as names	EIN	EIN
5.	Where you live	503 Nicholas Ct. Circleville, OH 43113	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Pickaway	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

	btor 1 Bruce Alan Carty Jeannette Adele		t			Case number (if known)	
Par	t 2: Tell the Court Abou	t Your Bank	ruptcy Ca	ase			
7.	The chapter of the Bankruptcy Code you ar				of each, see <i>Notice Required by</i> page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Band b box.	kruptcy
	choosing to file under	☐ Chap	ter 7				
		☐ Chap	ter 11				
		☐ Chap	ter 12				
		■ Chap	ter 13				
8.	How you will pay the fee	abo ord a p	out how yo der. If your pre-printed	ou may pay. Typ attorney is sub address.	oically, if you are paying the fee yo mitting your payment on your beha	with the clerk's office in your local court for mourself, you may pay with cash, cashier's check, alf, your attorney may pay with a credit card or con, sign and attach the Application for Individual	or money check with
		Th	e Filing Fe	ee in Installment	s (Official Form 103A).		•
		bu [.] ap	t is not rec plies to yo	uired to, waive ur family size ar	your fee, and may do so only if you nd you are unable to pay the fee in	only if you are filing for Chapter 7. By law, a juur income is less than 150% of the official pover installments). If you choose this option, you muial Form 103B) and file it with your petition.	rty line that
9.	Have you filed for	■ No.					
	bankruptcy within the last 8 years?	☐ Yes.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No.	Go to	line 12.			
	residence?	☐ Yes.	Has yo	our landlord obta	ained an eviction judgment agains	you?	
				No. Go to line	12.		
				Yes. Fill out In this bankruptc		ludgment Against You (Form 101A) and file it as	s part of

	tor 2 Jeannette Adele (nt		Case number (if known)
Par	Report About Any Bu	usinesses	You Own	as a Sole Propriet	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any	
	If you have more than one sole proprietorship, use a		Numb	er, Street, City, Stat	e & ZIP Code
	separate sheet and attach it to this petition.		Check	k the appropriate bo	x to describe your business:
					ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				•	r (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	proceed you are o cash-flov § 1116(1	under Sub choosing to v statemen (B).	ochapter V so that it o proceed under Su nt, and federal incon	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or bchapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.
	For a definition of small	■ No.	ı am r	ot filing under Chap	ter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.			11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Par	t 4: Report if You Own or	r Have Any	/ Hazardo	us Property or Any	/ Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and	□ 163.	What is	he hazard?	
	identifiable hazard to public health or safety?				
	Or do you own any		16 (tala alla alla alla	
	property that needs immediate attention?			iate attention is why is it needed?	
	For example, do you own				
	perishable goods, or livestock that must be fed, or a building that needs		Where is	the property?	
	urgent repairs?				Number, Street, City, State & Zip Code

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	otor 1 Bruce Alan Cartwo otor 2 Jeannette Adele (Case n	umber (if known)
Par	t 6: Answer These Quest	ions for Rep	orting Purposes		
	What kind of debts do you have?	16a. A			e defined in 11 U.S.C. § 101(8) as "incurred by an
			No. Go to line 16b.		
			Yes. Go to line 17.		
			re your debts primarily busine noney for a business or investmen		
			☐ No. Go to line 16c.		
			Yes. Go to line 17.		
		16c. S	tate the type of debts you owe th	at are not consumer debts or bu	usiness debts
17.	Are you filing under Chapter 7?	■ No.	am not filing under Chapter 7. Go	o to line 18.	
	Do you estimate that after any exempt property is excluded and		am filing under Chapter 7. Do your paid that funds will be available		t property is excluded and administrative expenses ditors?
	administrative expenses		□ No		
	are paid that funds will be available for] Yes		
	distribution to unsecured creditors?				
18.	How many Creditors do	1 -49		1 ,000-5,000	2 5,001-50,000
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	☐ 50,001-100,000
		☐ 100-199 ☐ 200-999		□ 10,001-25,000	☐ More than100,000
19.	How much do you	□ \$0 - \$50	,000,	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?	□ \$50,001	- \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion
			1 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millio	
		□ \$500,00	1 - \$1 million	□ \$100,000,001 - \$300 IIIIII0	III IIIII GOO DIIIIOII
20.	How much do you	□ \$0 - \$50	,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?	+ /	- \$100,000 1	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
		_	1 - \$500,000 1 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millio	
		— \$500,00	1 - \$1 HIIIIOH		
Par	t7: Sign Below				
For	you	I have exan	nined this petition, and I declare u	under penalty of perjury that the	information provided is true and correct.
					gible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7.
			ey represents me and I did not pa I have obtained and read the noti		is not an attorney to help me fill out this b).
		I request re	lief in accordance with the chapte	er of title 11, United States Code	e, specified in this petition.
					oney or property by fraud in connection with a o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		/s/ Bruce	Alan Cartwright		te Adele Cartwright
		Bruce Ala Signature o	n Cartwright f Debtor 1	Jeannette A Signature of I	Adele Cartwright Debtor 2
		Executed o	March 8, 2022 MM / DD / YYYY	Executed on	March 8, 2022 MM / DD / YYYY

Debtor 1	Bruce Alan Cartwright		
Debtor 2	Jeannette Adele Cartwright	Case number (if known)	
		-	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Derek Shaw	Date	March 8, 2022
Signature of Attorney for Debtor		MM / DD / YYYY
Derek Shaw 0088076		
Printed name		
Calig Law Firm		
Firm name		
513 East Rich Street		
Suite 210		
Columbus, OH 43215		
Number, Street, City, State & ZIP Code		
Contact phone 614-252-2300	Email address	measter@caliglaw.com
0088076 OH		
Bar number & State		

Fill	in this information to identify your case:		
Del	otor 1 Bruce Alan Cartwright		
Del	First Name Middle Name Last Name otor 2 Jeannette Adele Cartwright		
` '	ouse if, filing) First Name Middle Name Last Name		
Uni	ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO		
	se number	_	ck if this is an nded filing
	ficial Form 106Sum		
	mmary of Your Assets and Liabilities and Certain Statistical Information as complete and accurate as possible. If two married people are filing together, both are equally responsible for	or supplyi	12/15
info	rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
-	t 1: Summarize Your Assets		
		Your	assets
			of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	177,960.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	45,141.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$ \$	223,101.00
D		Ψ	223,101.00
Par	t 2: Summarize Your Liabilities		
			l iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	238,994.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	16,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	273,173.00
	Your total liabilities	\$	528,167.00
Par	t 3: Summarize Your Income and Expenses		•
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,080.27
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,580.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other so	chedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	I, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	box and	submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

10,024.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	16,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	233,736.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	249,736.00

Debtor 1							
Dalata a O	First Name	Cartwright Middle	Name	Last Name			
Debtor 2	Jeannette Ad	dele Cartwright					
(Spouse, if filing)	First Name		Name	Last Name			
United States Ban	kruptcy Court for	the: SOUTHER	N DISTI	RICT OF OHIO			
Case number							☐ Check if this is an amended filing
Official For Schedule		•					12/15
nformation. If more Answer every quest	space is needed, a on.	ittach a separate sl	heet to th	married people are filing together, both a his form. On the top of any additional pag			
No. Go to Part		uitable interest in a	iny resid	ence, building, land, or similar property?			
No. Go to Part ■ Yes. Where is	2. the property?	uitable interest in a		ence, building, land, or similar property?			
No. Go to Part Yes. Where is 1.1 503 Nicholi	2. the property?				the amount	of any secured	ims or exemptions. Put d claims on Schedule D: ns Secured by Property.
No. Go to Part Yes. Where is 1.1 503 Nichola Street address, if	2. the property? as Ct. available, or other desc	eription 43113-0000	What ■	s is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Current va	of any secured Who Have Clain lue of the perty?	d claims on Schedule D: as Secured by Property. Current value of the portion you own?
No. Go to Part Yes. Where is 1.1 503 Nichol Street address, if	2. the property? as Ct. available, or other desc	cription	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one	Current va entire prop \$17 Describe tl (such as fe	of any secured who Have Clain lue of the perty?	d claims on Schedule D: as Secured by Property. Current value of the
No. Go to Part Yes. Where is 1.1 503 Nichola Street address, if	2. the property? as Ct. available, or other desc	eription 43113-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only	Current va entire prop \$17 Describe ti (such as fe a life estate	lue of the perty? 77,960.00 he nature of your simple, tena	Current value of the portion you own? \$177,960.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

	De not deduct secured claims or exemptions. Put					
3. C a	Debtor 2 Jeannette Adele Cartwright Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes 3.1 Make: Honda Model: Accord Model: Paris 2019 Approximate mileage: 49,000 Other information: Who has an interest in the property? Check one Debtor 1 only Current value of the entire property? Current value of the entire property? Current value of the entire property? Check one Paris 2019 At least one of the debtors and another					
	No					
	Yes	All and the Adele Cartwright Case number (# known)				
		Hondo			Do not deduct secured	claims or exemptions. Put
3.1					the amount of any secu	red claims on Schedule D:
			49,000	•		
			·	<u> </u>		,
					\$20,000.00	\$20,000.00
3.2	Make:	Kia		Who has an interest in the property? Check are	Do not deduct secured	claims or exemptions. Put
3.2				_		
				<u> </u>		, , ,
	Approx		95,000	,		
				<u> </u>	,	
					\$15,000.00	\$15,000.00
						\$35,000.00
Part 3	B: Desc	ribe Your Personal	and Household Ite	ems		
Do y	ou own	or have any lega	l or equitable int	terest in any of the following items?		portion you own? Do not deduct secured
<i>E</i> : □	kamples No	: Major appliances		, china, kitchenware		·
		Н	ousehold good	ds		\$7,500.00
E:		: Televisions and r			nters, scanners; music collec	tions; electronic devices
	No Yes. D	escribe				
<i>E</i> :	kamples	: Antiques and figu			art objects; stamp, coin, or b	paseball card collections;
_	No Yes. D	escribe				

	ebtor 1 ebtor 2	Bruce Alan Cartwr Jeannette Adele C			Case number (if known)	
9.	Exampl	ent for sports and hob les: Sports, photographic musical instruments		hobby equipment; bicycles, pool ta	bles, golf clubs, skis; canoes a	and kayaks; carpentry tools;
	■ No □ Yes.	Describe				
10	■ No	ms bles: Pistols, rifles, shotg Describe	uns, ammunition, and	d related equipment		
11	. Clothe	s	urs, leather coats, des	signer wear, shoes, accessories		
		Describe				
		Cloth	ning			\$400.00
12	□No		ostume jewelry, enga	ngement rings, wedding rings, heirld	oom jewelry, watches, gems, g	old, silver
		Misc	. Jewelry			\$1,000.00
14	Any ot	Describe her personal and hous Give specific informatio	-	not already list, including any he	∍alth aids you did not list	
1				Part 3, including any entries for p	ages you have attached	\$8,900.00
		scribe Your Financial Ass				
D	o you ov	vn or have any legal or	equitable interest in	n any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16	■ No	oles: Money you have in		ome, in a safe deposit box, and on	hand when you file your petition	on
17	Exam _l			ounts; certificates of deposit; share s with the same institution, list each		nouses, and other similar
	□ No ■ Yes			Institution name:		
		17.1	Checking	Huntington		\$100.00
		17.2	. Savings	Huntington		\$1.00

Schedule A/B: Property

Debtor 1 Debtor 2	Bruce Alan Cartwright Jeannette Adele Cartwright			Case number (if known)		
	17.3.	Savings	Huntington		\$140.00	
	s, mutual funds, or publi ples: Bond funds, investm		rokerage firms, money market	accounts		
		Institution or issue	r name:			
joint v ■ No	ublicly traded stock and venture Give specific information	·	•	ousinesses, including an interest in an LLC	C, partnership, and	
	Na	ame of entity:		% of ownership:		
Negot Non-n ■ No	tiable instruments include negotiable instruments are Give specific information	personal checks, ca those you cannot to	potiable and non-negotiable in ashiers' checks, promissory not ransfer to someone by signing of	es, and money orders.		
Exam _l ■ No	List each account separa	ISA, Keogh, 401(k),	403(b), thrift savings accounts, Institution name:	or other pension or profit-sharing plans		
Your s		its you have made s	so that you may continue servic , public utilities (electric, gas, w	e or use from a company rater), telecommunications companies, or othe	ers	
☐ Yes.			Institution name or ind	vidual:		
23. Annuit	ties (A contract for a perio	odic payment of mor	ney to you, either for life or for a	number of years)		
☐ Yes.	lssuer nar	me and description.				
	ts in an education IRA, C. §§ 530(b)(1), 529A(b)		qualified ABLE program, or u	nder a qualified state tuition program.		
☐ Yes.	Institution	name and description	on. Separately file the records of	of any interests.11 U.S.C. § 521(c):		
25 Truete	equitable or future inte	prosts in property (other than anything listed in	ling 1) and rights or nowers evercisable for	or your benefit	

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

■ No

■ No

 \square Yes. Give specific information about them...

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor 2	Jeannette Adele Cartwright	Case number (if known)	
28. Tax ı	refunds owed to you		
■ No			
☐ Ye	s. Give specific information about them, including whether you alread	ly filed the returns and the tax years	
	ly support mples: Past due or lump sum alimony, spousal support, child support,	, maintenance, divorce settlement, property s	ettlement
■ No			
☐ Ye	s. Give specific information		
Exai	r amounts someone owes you mples: Unpaid wages, disability insurance payments, disability benefi benefits; unpaid loans you made to someone else	ts, sick pay, vacation pay, workers' compens	ation, Social Security
■ No □ Ye	s. Give specific information		
	ests in insurance policies mples: Health, disability, or life insurance; health savings account (HS	SA); credit, homeowner's, or renter's insurance	e
■ Ye	s. Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
	Term life insurance		Unknown
	TIAA CREF Whole Life Insurance	Bruce Cartwright	\$1,000.00
som No Ye 33. Clair Exal No Ye	s. Describe each claim r contingent and unliquidated claims of every nature, including o	or made a demand for payment o sue	
	s. Describe each claim		
■ No	financial assets you did not already list s. Give specific information		
	d the dollar value of all of your entries from Part 4, including any Part 4. Write that number here		\$1,241.00
Part 5:	Describe Any Business-Related Property You Own or Have an Interest In.	List any real estate in Part 1.	
	u <mark>own or have any legal or equitable interest in any business-related prop</mark> Go to Part 6.	perty?	
	Go to line 38.		

Official Form 106A/B Schedule A/B: Property page 5

	otor 1 Bruce Alan Cartwright otor 2 Jeannette Adele Cartwright		Case number (if known)	
Part	6: Describe Any Farm- and Commercial Fishing-Related Proper If you own or have an interest in farmland, list it in Part 1.	rty You Own or Have an Intere	est In.	
	Do you own or have any legal or equitable interest in any No. Go to Part 7.	farm- or commercial fishi	ng-related property?	
	Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in Ti	hat You Did Not List Above		
	Do you have other property of any kind you did not alread Examples: Season tickets, country club membership No Yes. Give specific information	dy list?		
54.	Add the dollar value of all of your entries from Part 7. W 8: List the Totals of Each Part of this Form	rite that number here		\$0.00
55.	Part 1: Total real estate, line 2			\$177,960.00
56.	Part 2: Total vehicles, line 5	\$35,000.00	_	
57.	Part 3: Total personal and household items, line 15	\$8,900.00		
58.	Part 4: Total financial assets, line 36	\$1,241.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+\$0.00		
62.	Total personal property. Add lines 56 through 61	\$45,141.00	Copy personal property total	\$45,141.00
63.	Total of all property on Schedule A/B. Add line 55 + line 6	52		\$223,101.00

Fill in this inform	mation to identify your	case:		
Debtor 1	Bruce Alan Cartw	vright		
	First Name	Middle Name	Last Name	
Debtor 2	Jeannette Adele	Cartwright		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				☐ Check if this is an
				amended filing
				<u> </u>

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is	١.	ly, even if your spouse is filing with you.
-------------------------------------------------------------------------------------	----	---------------------------------------------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

,, , , , ,	•	• ′		
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Household goods Line from Schedule A/B: 6.1	\$7,500.00		\$7,500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$400.00		\$400.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Ellie II olii ochedale A.B. TTT			100% of fair market value, up to any applicable statutory limit	2020.00(1)(4)(4)
Misc. Jewelry Line from Schedule A/B: 12.1	\$1,000.00		\$1,000.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
			100% of fair market value, up to any applicable statutory limit	XXX
Checking: Huntington Line from Schedule A/B: 17.1	\$100.00		\$100.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
2			100% of fair market value, up to any applicable statutory limit	2020100(11)(0)
Savings: Huntington Line from Schedule A/B: 17.2	\$1.00		\$1.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Zino nom Gonodalo 7VB. TTIZ			100% of fair market value, up to any applicable statutory limit	

Bruce Alan Cartwright Debtor 1 Debtor 2 Jeannette Adele Cartwright Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Savings: Huntington** Ohio Rev. Code Ann. § \$140.00 \$140.00 Line from Schedule A/B: 17.3 2329.66(A)(3) 100% of fair market value, up to any applicable statutory limit Term life insurance Ohio Rev. Code Ann. §§ 100% Unknown Line from Schedule A/B: 31.1 2329.66(A)(6)(e), 3923.19 100% of fair market value, up to any applicable statutory limit **TIAA CREF Whole Life Insurance** Ohio Rev. Code Ann. § \$1,000.00 \$1,000.00 **Beneficiary: Bruce Cartwright** 2329.66(A)(18) 100% of fair market value, up to Line from Schedule A/B: 31.2 any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Official	Form	106C

Yes

FIII IN this infor	nation to identify you	ir case:			
Debtor 1	Bruce Alan Car				
	First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing)	Jeannette Adele	Cartwright Middle Name Last Name			
(Spouse II, IIIIIg)	i iist ivaille	Middle Marile Last Marile			
United States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT OF OHIO			
Case number _				□ Chook	if this is an
(ii kiiowii)				_	if this is an led filing
				unione	ica illing
Official Forn	n 106D				
Schedule	D: Creditors	Who Have Claims Secured	d by Property	1	12/15
			<u> </u>	<u> </u>	
	e Additional Page, fill it	If two married people are filing together, both are eq out, number the entries, and attach it to this form. On			
• •	have claims secured by	your property?			
☐ No. Check	this box and submit t	nis form to the court with your other schedules. Yo	ou have nothing else to	report on this form.	
_	all of the information	•	, and the second	•	
	II Secured Claims				
		more there are approved alone liet the availity approved by	Column A	Column B	Column C
for each claim. If m	ore than one creditor has	nore than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, I	ist the claims in alphabeti	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 American	Honda Finance	Describe the property that secures the claim:	\$20,252.00	\$20,000.00	\$252.00
Creditor's Nam	e	2019 Honda Accord 49,000 miles	· ,		
Attn: Nati	onal	,			
Bankrupt	•	As of the date you file, the claim is: Check all that			
P.O. Box		apply.			
Irving, TX		Contingent			
Number, Street	, City, State & Zip Code	Unliquidated			
VAVIng assess that do	h42 o	Disputed			
Who owes the de	ept? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as mortgage or sec car loan)	cured		
■ Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
_	he debtors and another	☐ Judgment lien from a lawsuit			
Check if this cl	aim relates to a	Other (including a right to offset)			
	Opened				
	05/19 Last				
Date debt was inc		Last 4 digits of account number 1943			

Last 4 digits of account number

Date debt was incurred Active 02/22

Debtor 1	Bruce Ala	n Cartwright		Case number (if known)		
	First Name	Middle N	ame Last Name	-		
Debtor 2		Adele Cartwr				
	First Name	Middle N	ame Last Name			
2.2 C a	apital One A	uto Finance	Describe the property that secures the claim:	\$17,567.00	\$15,000.00	\$2,567.00
Cre	editor's Name		2016 Kia Sorento 95,000 miles			
79	tn: Bankrup 33 Preston I ano, TX 7502	Rd	As of the date you file, the claim is: Check all the apply. Contingent	at		
	mber, Street, City, S		☐ Unliquidated			
Who	es the debt? C	Shook one	☐ Disputed Nature of lien. Check all that apply.			
_		neck one.				
☐ Debto	•		☐ An agreement you made (such as mortgage of car loan)	or secured		
_	or 1 and Debtor 2	? only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At lea	st one of the deb	otors and another	☐ Judgment lien from a lawsuit			
	k if this claim re	elates to a	Other (including a right to offset)			
Date deb	ot was incurred	Opened 04/16 Last Active 1/14/22	Last 4 digits of account number	01		
1 / .3	arrington Mo ervices	ortgage	Describe the property that secures the claim:	\$201,175.00	\$177,960.00	\$23,215.00
	editor's Name		503 Nicholas Ct. Circleville, OH		·	
At	tn: Bankrup	tcy	43113 Pickaway County			
Ro	600 South Do pad, Stes 110 naheim, CA 9	0 & 200	As of the date you file, the claim is: Check all the apply. Contingent	at		
	mber, Street, City, S		☐ Contingent☐ Unliquidated			
Who ow	res the debt? C	Check one	☐ Disputed Nature of lien. Check all that apply.			
■ Debto			☐ An agreement you made (such as mortgage of	or secured		
☐ Debto	or 2 only		car loan)			
	or 1 and Debtor 2	? only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At lea	st one of the deb	otors and another	☐ Judgment lien from a lawsuit			
	k if this claim re munity debt	elates to a	Other (including a right to offset)			
Date deb	ot was incurred	Opened 05/20 Last Active 1/18/22	Last 4 digits of account number 62	00		
Add the	e dollar value of	f vour entries in C	column A on this page. Write that number here:	\$238,994.0	0	
	s the last page	of your form, add	the dollar value totals from all pages.	\$238,994.0		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

							i	
Fill	I in this informa	ation to identify your o	ase:					
De	btor 1	Bruce Alan Cartw	right					
		First Name	Middle Name	Last Name		_		
	btor 2	Jeannette Adele C	Cartwright Middle Name	Loot Namo				
(Spi	ouse if, filing)	FIISt Name	Middle Name	Last Name				
Un	ited States Bank	cruptcy Court for the:	SOUTHERN DISTR	RICT OF OHIO				
Ca	se number							
-	nown)						☐ Check	if this is an
							_	ded filing
Oŧ	ficial Form	106E/E						
	ficial Form	_	ha Hayra Haa	aaurad Claima	_			40/4E
		F: Creditors W						12/15
Sch Sch left. nam	edule G: Executo edule D: Creditor Attach the Contin ne and case numb	icts or unexpired leases by Contracts and Unexpires Who Have Claims Secon nuation Page to this pagor oer (if known).	red Leases (Official Fource of the Property. If mo of the Bould of the Information in the	orm 106G). Do not includ ore space is needed, cop	de any cre	editors with partially s t you need, fill it out,	secured claims that number the entries	are listed in in the boxes on the
		s have priority unsecured						
١.	No. Go to Par		i ciaiilis agailist you?					
	_	12.						
_	Yes.							
2.	identify what type possible, list the d	priority unsecured claims of claim it is. If a claim ha claims in alphabetical orde an one creditor holds a pa	s both priority and nonp r according to the credit	riority amounts, list that cl or's name. If you have mo	aim here a	and show both priority a	and nonpriority amour	nts. As much as
	(For an explanation	on of each type of claim, s	ee the instructions for th	is form in the instruction b	ooklet.)			
						Total claim	Priority amount	Nonpriority amount
2.1		Revenue Service	Last 4 dig	its of account number		\$16,000.00	\$16,000.00	_
	PO Box 7	ed Insolvency Oper 7346		s the debt incurred?	2014		-	
		ohia, PA 19101-7346 eet City State Zip Code		date you file, the claim i	s: Check a	all that apply		
		the debt? Check one.	☐ Contine		or orroom	an triat apply		
	Debtor 1 onl	lv						
	Debtor 2 onl		☐ Unliqui					
			☐ Dispute					
	■ Debtor 1 and	d Debtor 2 only		RIORITY unsecured clai	m:			
	☐ At least one	☐ At least one of the debtors and another ☐ Domestic support obligations						
	☐ Check if this	☐ Check if this claim is for a community debt ■ Taxes and certain other debts you owe the government						
	Is the claim su	bject to offset?	☐ Claims	for death or personal inju	ıry while yo	ou were intoxicated		
	■ No		☐ Other.	Specify				
	☐ Yes			Taxes				=
Pa	rt 2: List All	of Your NONPRIORIT	Y Unsecured Claims	5				
		s have nonpriority unsec						
٠.			• •		-1			
	■ No. You have	nothing to report in this pa	ari. Sudithit this form to t	ne court with your other so	crieaules.			
	Yes.							
4.	unsecured claim,	nonpriority unsecured cla list the creditor separately holds a particular claim, li	for each claim. For each	h claim listed, identify who	at type of o	claim it is. Do not list cla	aims already included	I in Part 1. If more

Total claim

Debto	or 2 Jeannette Adele Cartwright		Case number (if known)	
4.1	Capital One	Last 4 digits of account number	4568	\$1,373.00
	Nonpriority Creditor's Name	_		* ,
	Attn: Bankruptcy	MI	Opened 09/16 Last Active	
	P.O. Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	2/19/22	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,		
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sena	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	mation agreement of divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	□Yes	Other. Specify Credit Card	<u> </u>	
4.2	Capital One	Last 4 digits of account number	6987	\$794.00
	Nonpriority Creditor's Name	_		
	Attn: Bankruptcy	When 4b a dabt in a 40	Opened 08/18 Last Active	
	P.O. Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	2/07/22	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	_	☐ Student loans		
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	mation agreement of divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit Card	1	
4.3	Cb/comenit	Last 4 digits of account number	1804	\$885.00
	Nonpriority Creditor's Name	_		
	Attn: Bankruptcy	When we the debt in some do	Opened 06/20 Last Active	
	Po Box 182789 Columbus, OH 43218	When was the debt incurred?	12/21	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • •		
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	- Depici Tand Depici Z Only	-		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim·	

debt

■ No

☐ Yes

■ Other. Specify Credit Card

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

 $\hfill\square$ Check if this claim is for a community

Is the claim subject to offset?

Debtor 1 Bruce Alan Cartwright
Debtor 2 Jeannette Adele Cartwright

Case number (if known)

4.4	Ccb/balance	Last 4 digits of account number		\$1,494.00
	Nonpriority Creditor's Name 33 North Lasalle Street Chicago, IL 60602	When was the debt incurred?	Opened 11/02/21 Last Active 2/11/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify Unsecured		
4.5	Check 'n Go	Last 4 digits of account number	6601	\$2,494.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 14283 Cincinnati, OH 45283	When was the debt incurred?	Opened 07/21 Last Active 12/17/21	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Unsecured		
4.6	Choice Recovery Nonpriority Creditor's Name	Last 4 digits of account number	6386	\$127.00
	1105 Schrock Road Suite 700 Columbus, OH 43229	When was the debt incurred?	Opened 10/16 Last Active 12/15	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Medical De	bt	

	Bruce Alan Cartwright Jeannette Adele Cartwright		Case number (if known)	
4.7	Comenity Bk/Ulta	Last 4 digits of account number	9001	\$537.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 09/16 Last Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.8	Comenity Capital/JJIIIs	Last 4 digits of account number	2907	\$270.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 11/19 Last Active 12/21	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.9	Comenitybank/New York	Last 4 digits of account number	4964	\$614.00
	Nonpriority Creditor's Name Attn: Bankruptcy		Opened 04/19 Last Active	
	Po Box 182125 Columbus, OH 43218	When was the debt incurred?	11/21	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	

■ No

☐ Yes

■ Other. Specify Charge Account

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Who incurred the debt? Check one. Debtor 1 only	2 Jeannette Adele Cartwright		Case number (if known)	
Athr: Bankruptcy Department PO Boxy 88673 Las Vegas, NV 89193 Number Street City Steate Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only 2 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only 2 o	Credit One Bank	Last 4 digits of account number	6183	\$
Number Street City State Zip Code No the date you file, the claim is: Check all that apply Number Street City State Zip Code Numbe	Attn: Bankruptcy Department Po Box 98873	When was the debt incurred?		
Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 bis claim is for a community debt is the claim subject to offset? No Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 his claim is for a community debt is the claim subject to offset? No Debtor 5 only Debtor 6 only Debtor 1 only Debtor 2 only No Debtor 3 only Debtor 1 only No Debtor 1 only Debtor 1 o	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Debtor 2 only	_	☐ Contingent		
Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another Check if this claim is for a community debt No	_			
At least one of the debtors and another Check if this claim is for a community debt Student loans Stu	_	_ `		
Check if this claim is for a community debt is the claim subject to offset?	_		d claim:	
Obligations arising out of a separation agreement or divorce that you did not report as priority claims No	_			
Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code When was the debt incurred? As of the date you file, the claim is: Check all that apply Debtor 1 only Debtor 2 only Debtor 4 and Debtor 2 only No No Credit One Bank Noppriority Creditor's Name Attn: Bankruptcy Department PO Box 98873 Las Vegas, NV 89193 No Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only No Debtor 2 only No Debtor 4 only No Debtor 5 only No Debtor 5 only No Debtor 6 only No Debtor 9 only No Debtor 1 only No Debtor 1 only No Debtor 1 only Debtor 1 only No Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2	debt		aration agreement or divorce that you did not	
Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 5 and another Check if this claim is for a community debt Street City State Zip Code Nonpriority Creditor's Name No Debtor 1 on Bank Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 one Street City State Zip Code When was the debt incurred? Debtor 4 and Debtor 2 only Debtor 5 one Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Last 4 digits of account number Opened 08/20 Last Active Un/17/21 As of the date you file, the claim is: Check all that apply When was the debt incurred? Un/17/21 As of the date you file, the claim is: Check all that apply When was the debt incurred? Un/17/21 As of the date you file, the claim is: Check all that apply When was the debt incurred? Un/17/21 As of the date you file, the claim is: Check all that apply When was the debt incurred? Un/17/21 As of the date you file, the claim is: Check all that apply When was the debt incurred? Un/17/21 As of the date you file, the claim is: Check all that apply	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Type of Nonpriority Creditor's Name Attn: Bankruptcy Department Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code When was the debt incurred? When was the debt incurred? Opened 10/20 Last Active 10/15/21 As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 10/20 Last Active 10/15/21 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 08/20 Last Active 10/17/21 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 08/20 Last Active 10/17/21 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 08/20 Last Active 10/17/21 As of the date you file, the claim is: Check all that apply When was the debt incurred? Unliquidated Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Opened 08/20 Last Active 10/17/21 As of the date you file, the claim is: Check all that apply Opened 08/20 Last Active 10/17/21 As of the date you file, the claim is: Check all that apply	Yes	Other. Specify Credit Card	<u> </u>	
Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code When was the debt incurred? Debtor 1 only	Credit One Bank	Last 4 digits of account number	9405	\$
As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and another Debtor 5 and Debtor 2 only Debtor 6 and Debtor 2 only Debtor 6 and Debtor 2 only Debtor 7 and Debtor 8 and another Debtor 8 and Debtor 9 only Debtor 9 only Debtor 1 and Debtor 9 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debto	Attn: Bankruptcy Department Po Box 98873			
□ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Credit Card □ Credit One Bank □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify □ Credit Card □ Credit Card □ Opened 08/20 Last Active □ Opened 08/20 Last A	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Debtor 2 only □ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify □ Credit Card Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Disputed □ Contingent □ Unliquidated □ Disputed □ Unliquidated □ Disputed □ Unliquidated □ Disputed □ Unliquidated □ Disputed □ Type of NONPRIORITY unsecured claim: □ Contingent □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ Debtor 3 only □ Disputed □ Debtor 4 least one of the debtors and another	_			
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify □ Credit Card Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Credit Card Credit Card Depart Card Opened 08/20 Last Active 10/17/21 As of the date you file, the claim is: Check all that apply □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: □ Contents the debt incurred claim: □ Debtor 1 and Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 3 only □ Disputed □ Debtor 4 only □ Disputed □ Debtor 4 only □ Disputed □ Debtor 5 only □ Debtor 5 only □ Disputed □ Debtor 6 only □ Debtor 6 only □ Disputed □ Debtor 6 only □ D	_	☐ Contingent		
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Check if this claim is for a community debt ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Credit Card Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code When was the debt incurred? When was the debt incurred? As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim:	•	☐ Unliquidated		
☐ Check if this claim is for a community debt ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Credit Card Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 1 and Debtor 3 and another ☐ Contended Type of NoNPRIORITY unsecured claim: ☐ Contended Type of NoNPRIORIT	☐ Debtor 1 and Debtor 2 only	•		
debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims No	☐ At least one of the debtors and another		d claim:	
□ Pebts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other. Specify Last 4 digits of account number Opened 08/20 Last Active 10/17/21 As of the date you file, the claim is: Check all that apply Opened 08/20 Last Active 10/17/21 As of the date you file, the claim is: Check all that apply Unliquidated Disputed Type of NONPRIORITY unsecured claim:	_		and the second section is a delegation of the second section is a second section in the second section in the second section is a second section in the second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the section	
Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 anly At least one of the debtors and another Last 4 digits of account number 9814 Opened 08/20 Last Active 10/17/21 As of the date you file, the claim is: Check all that apply Contingent Disputed Type of NONPRIORITY unsecured claim:		' '		
Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Opened 08/20 Last Active 10/17/21 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:		· · · · ·		
Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Opened 08/20 Last Active 10/17/21 As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Unliquidated Debtor 2 only Disputed Type of NONPRIORITY unsecured claim:		Last 4 digits of account number	9814	\$
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	Attn: Bankruptcy Department Po Box 98873	When was the debt incurred?	•	
■ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another Type of NONPRIORITY unsecured claim:		As of the date you file, the claim	is: Check all that apply	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Type of NONPRIORITY unsecured claim:	Who incurred the debt? Check one.			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Object to a secured claim: ☐ Object to a secured claim:	■ Debtor 1 only	☐ Contingent		
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:	☐ Debtor 2 only	☐ Unliquidated		
Conductions of the design of t	_ ` _			
Check if this plain is face a community.	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
debt	☐ Check if this claim is for a community	☐ Student loans		

■ No
□ Yes

■ Other. Specify Credit Card

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

2 Jeannette Adele Cartwright		Case number (if known)	
Credit One Bank	Last 4 digits of account number	4209	\$890
Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 10/19 Last Active	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	I	
Department of Education/NeInet	Last 4 digits of account number	3511	\$64,799.
Nonpriority Creditor's Name			
Attn: Bankruptcy	WI	Opened 04/20 Last Active	
Po Box 82561 Lincoln, NE 68501	When was the debt incurred?	1/28/22	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify		
	Educationa	ıl	
Department of Education/Nelnet	Last 4 digits of account number	3411	\$8,904.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 82561 Lincoln, NE 68501	When was the debt incurred?	Opened 04/20 Last Active 1/28/22	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		

debt

■ No
□ Yes

Student loans

☐ Other. Specify

report as priority claims

Type of NONPRIORITY unsecured claim:

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

☐ At least one of the debtors and another

Is the claim subject to offset?

 $\hfill\square$ Check if this claim is for a community

Debtoi Debtoi	1 Bruce Alan Cartwright 2 Jeannette Adele Cartwright		Case number (if knov	vn)	
4.1 6	Department of Education/Nelnet	Last 4 digits of account number	3611		\$2,674.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 82561 Lincoln, NE 68501	When was the debt incurred?	Opened 04/20 1/28/22	Last Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	1	
	☐ Debtor 1 only ■ Debtor 2 only	☐ Contingent ☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:		
	At least one of the debtors and another	Student loans	a olaiii.		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	 Student loans Obligations arising out of a separeport as priority claims 	aration agreement or di	ivorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other sim	ilar debts	
	Yes	Other. Specify			
		Educationa	ıl		
4.1 7	FinWise Bank/Opp Loans	Last 4 digits of account number	2707		\$1,315.00
	Nonpriority Creditor's Name Attn: Bankruptcy 130 E Randolph St, Ste 3400 Chicago, IL 60601	When was the debt incurred?	Opened 06/21 1/28/22	Last Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	1	
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or di	ivorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other sim	ilar debts	
	Yes	Other. Specify Unsecured			
4.1 8	Finwise Rise Nonpriority Creditor's Name	Last 4 digits of account number	7427		\$389.00
	Attention Bankruptcy Po Box 679900 Dallas, TX 75267	When was the debt incurred?	Opened 11/20 1/16/22	Last Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	1	
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or di	ivorce that you did not	
	Is the claim subject to offset?	report as priority claims		,	
	■ No	Debts to pension or profit-sharing	g plans, and other sim	ilar debts	
	☐ Yes	■ Other. Specify Unsecured			

	or 1 Bruce Alan Cartwright or 2 Jeannette Adele Cartwright		Case number (if known)	
4.1 9	Genesis Credit/Celtic Bank	Last 4 digits of account number	2732	\$341.00
,	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076	When was the debt incurred?	Opened 8/05/19 Last Active 1/24/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.2	Genesis FS Card	Last 4 digits of account number	9307	\$270.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076	When was the debt incurred?	Opened 2/22/21 Last Active 2/10/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card		
4.2 1	Genesis FS Card Services	Last 4 digits of account number	4160	\$750.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4477 Population OR 07076	When was the debt incurred?	Opened 12/21 Last Active 2/03/22	
	Beaverton, OR 97076 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
		_ `		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	

☐ Yes

■ Other. Specify Credit Card

Debtor 1 Bruce Alan Cartwright
Debtor 2 Jeannette Adele Cartwright Case number (if known)

4.2 2	Household Finance Co/OneMain Financial	Last 4 digits of account number	2065	\$12,792.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3251 Evansville, IN 47731	When was the debt incurred?	Opened 09/21 Last Active 1/07/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No		ration agreement or divorce that you did not g plans, and other similar debts	
	Yes	Other Specify Unsecured		
4.2	Huntington Nonpriority Creditor's Name	Last 4 digits of account number	0976	\$999.00
	Attn: Bankruptcy CAS056 3 Cascade Plaza, #3 Akron, OH 44308	When was the debt incurred?	Opened 06/21 Last Active 02/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Check Cred	- ·	
4.2 4	OppLoans	Last 4 digits of account number	5645	\$2,959.00
	Nonpriority Creditor's Name Attn: Bankruptcy One Prudential Plaza, 130 E Randolph St,	When was the debt incurred?	Opened 01/22 Last Active 1/21/22	
	Chicago, IL 60601 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Unsecured		

Debic	Jeannette Adele Cartwright		Case number (if known)	
1.2	Personify	Last 4 digits of account number	030A	\$5,508.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 500650 San Diego, CA 92150	When was the debt incurred?	Opened 5/25/21 Last Active 1/28/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other Specify Unsecured		
4.2	Receivable Management Inc	Lost 4 digits of account number	8496	\$758.00
6	Nonpriority Creditor's Name 7206 Hull Road	Last 4 digits of account number	Opened 10/16 Last Active	φ130.00
	Suite 211 Richmond, VA 23235	When was the debt incurred?	06/16	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other Specify Medical De	bt	
4.2	Sunahwanu/DayDal Cradit		4811	¢4 420 00
7	Synchrony/PayPal Credit Nonpriority Creditor's Name	Last 4 digits of account number		\$1,130.00
	Attn: Bankruptcy		Opened 03/21 Last Active	
	Po Box 965060 Orlando, FL 32896	When was the debt incurred?	12/13/21	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	• • • • • • • • • • • • • • • • • • •	Type of NONPRIORITY unsecured		

debt

■ No
□ Yes

■ Other. Specify Credit Card

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

☐ Check if this claim is for a community

Is the claim subject to offset?

Debtor 1	Bruce Alan Cartwright
Debtor 2	Jeannette Adele Cartwright

Case number (if known)

USDOE/GLELSI	Last 4 digits of account number	7581	\$157,359.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860 Madion, WI 53707	When was the debt incurred?	Opened 01/20 Last Active 1/01/22	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify		
	Educationa	ı	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 16,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 16,000.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 233,736.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 39,437.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 273,173.00

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Fill in this inform	mation to identify your	case:		ı	
Debtor 1	Bruce Alan Cartw	right		İ	
	First Name	Middle Name	Last Name	ì	
Debtor 2	Jeannette Adele	Cartwright		Ì	
(Spouse if, filing)	First Name	Middle Name	Last Name	 ì	
United States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	 l	
Case number				i	
(if known)					Check if this is an
				i	amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have th r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
.1					
	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4	<u> </u>		- Clair		
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5	/				
	Name				_
	Number	Street			
	City		State	ZIP Code	<u> </u>

Fill in this	information to identify yo	ur case:			
Debtor 1	Bruce Alan Ca	rtwright			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filin	Jeannette Adel	le Cartwright Middle Name	Last Name		
	tes Bankruptcy Court for the	e: SOUTHERN DISTRI	CT OF OHIO		
Case numb	oor				
(if known)	Jei			☐ Check if this is an	
				amended filing	
Official	Form 106H				
		al a la t a u a			
Schea	ule H: Your Co	deptors		12/15	_
	and case number (if knov you have any codebtors?	,	ion. se, do not list either spouse a	s a codebtor.	
■ No □ Yes					
			r property state or territory? Puerto Rico, Texas, Washing	? (Community property states and territories include gton, and Wisconsin.)	
■ N.	On to line 0			•	
	Go to line 3. Did your spouse, former s	nouse or legal equivalent	live with you at the time?		
— 100.	. Dia your opoudo, former o	pouse, or logar equivalent	ive with you at the time.		
in line Form 1 out Co	2 again as a codebtor on	ly if that person is a gua	rantor or cosigner. Make su	your spouse is filing with you. List the person shown in the you have listed the creditor on Schedule D (Offic G). Use Schedule D, Schedule E/F, or Schedule G to	ial fill
	Name, Number, Street, City, State an	d ZIP Code		Column 2: The creditor to whom you owe the deb Check all schedules that apply:	•
3.1				□ Cohodulo D. lino	
	Name			☐ Schedule D, line	
				☐ Schedule G, line	
1	Number Street				
(City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
1	Number Street				
(City	State	ZIP Code		

Schedule H: Your Codebtors

						_				
	in this information to identify you									
Deb	otor 1 Bruce Ala	n Cartwright								
	otor 2 Jeannette use, if filing)	Adele Cartwright			_					
Uni	ted States Bankruptcy Court for	he: SOUTHERN DISTRIC	CT OF OHIO							
	se number 		-				amended uppleme	nt showir	ng postpetitior following date:	
<u>O</u> 1	fficial Form 106I					MM	/ DD/ Y`	YYY		
So	chedule I: Your In	come								12/15
sup	s complete and accurate as polying correct information. If youse. If you are separated and you a separate sheet to this formation. Describe Employment	ou are married and not fili our spouse is not filing w n. On the top of any additi	ng jointly, and your ith you, do not include	spouse ude infor	is liv mati	ing with yo on about yo	u, inclu our spo	de infor use. If m	mation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1			De	ebtor 2	or non-f	filing spouse	
	If you have more than one job,	Employment status	■ Employed				☐ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed			-	■ Not employed			
	employers.	Occupation	Employee							
	Include part-time, seasonal, or self-employed work.	Employer's name	Exel, Inc							
	Occupation may include studer or homemaker, if it applies.	nt Employer's address	DBA DL Supply 360 Westar Blv Westerville, Oh	d.						
		How long employed t	here? 2 Year	s						
Par	t 2: Give Details About M	Ionthly Income								
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to	report for	any	line, write \$0	0 in the s	space. In	iclude your no	n-filing
	u or your non-filing spouse have e space, attach a separate sheet		ombine the information	on for all	empl	oyers for tha	at persor	on the I	lines below. If	you need
						For Debto	or 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$	5,00	00.00	\$	0.00	-
3.	Estimate and list monthly ov	ertime pay.		3.	+\$		0.00	+\$	0.00	-
4.	Calculate gross Income. Add	l line 2 + line 3.		4.	\$	5,000.	.00	\$	0.00	

Case number (if known)

				For	Debtor 1		Debtor 2 or filing spouse
	Copy	/ line 4 here	4.	\$	5,000.00	\$	0.00
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,036.01	\$	0.00
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00
	5e.	Insurance	5e.	\$	383.72	\$	0.00
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$	0.00	\$	0.00
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,419.73	\$	0.00
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,580.27	\$	0.00
8.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.5	Φ		c	
	O.L.	monthly net income.	8a.	\$	0.00	\$	0.00
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8b.	\$	0.00	\$	0.00
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00
	8e.	Social Security	8e.	\$	0.00	\$	0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00
	8g.	Pension or retirement income	– 8g.	\$ 	0.00	\$ 	0.00
	8h.	Other monthly income. Specify: Anticipated Income from Wife	8h.+	\$	0.00	· ·	2,500.00
	011.	Anticipated income non wife	_ ''''		0.00	` <u> </u>	2,300.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	2,500.00
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$_	3	3,580.27 + \$_	2,5	00.00 = \$ 6,080.27
11.	Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a	depend		•		chedule J.
	Spec	ify:			· 	_	11. + \$
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$ 6,080.27
13	Do v	ou expect an increase or decrease within the year after you file this form?	2				Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.

Yes. Explain:

Mrs. Cartwright is starting a new job March 9. Will not receive her first pay check for 3 weeks. Once she receives her first pay stub, Schedule I will be amended to reflect the change.

Fill	in this informa	ation to identify yo	our case:					
Deb	otor 1	Bruce Alan	Cartwrigh	nt		Che	ck if this is:	
	otor 2	Jeannette A	dele Cart	wright			An amended filing A supplement show 13 expenses as of	ving postpetition chapter the following date:
Uni	ited States Bank	ruptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO			MM / DD / YYYY	
Cas	se number							
	known)							
0	fficial Fo	orm 106J						
		J: Your						12/1
inf	ormation. If m	and accurate as nore space is ne n). Answer eve	eded, atta	If two married people ar ch another sheet to this n.	e filing together, be form. On the top of	oth are equ f any additi	ally responsible fo onal pages, write y	or supplying correct your name and case
Pai	rt 1: Desc	ribe Your Housent case?	ehold					
	☐ No. Go to							
	Yes. Doe	es Debtor 2 live	in a separ	ate household?				
	■ N		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Deb	otor 2.	
2.	Do vou hav	e dependents?	■ No					
	Do not list D Debtor 2.	•	☐ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No □ Yes
								□ No
								☐ Yes ☐ No
								□ Yes
							_	□ No
3.	Do vour ex	penses include	_	No				☐ Yes
	expenses of	of people other to d your depende	han 👝	Yes				
Est	timate your e		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
apı	plicable date.							
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> Y			Your exp	enses
,υ.		,						
4.		or home owners nd any rent for th		ses for your residence. In r lot.	nclude first mortgage	e 4. S	.	0.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. S	5	0.00
	•	erty, homeowner				4b. \$	·	0.00
		e maintenance, re eowner's associa		ıpkeep expenses dominium dues		4c. 9 4d. 9	·	150.00 0.00
5.				our residence, such as ho	me equity loans	5. 9	·	0.00

Deptor 1	bruce Alan Cartwright	_		
ebtor 2	Jeannette Adele Cartwright	Case num	ber (if known)	
Utili	ies:			
6a.	Electricity, heat, natural gas	6a.	\$	445.00
6b.	Water, sewer, garbage collection	6b.	\$	95.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	435.00
6d.	Other. Specify:	6d.	\$	0.00
Foo	d and housekeeping supplies		\$	1,200.00
Chil	dcare and children's education costs	8.	\$	0.00
Clot	hing, laundry, and dry cleaning	9.	\$	160.00
Pers	onal care products and services	10.	\$	150.00
Med	ical and dental expenses	11.	\$	450.00
	sportation. Include gas, maintenance, bus or train fare.			202.00
	ot include car payments.	12.	·	300.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	20.00
Cha	itable contributions and religious donations	14.	\$	0.00
	rance.			
	ot include insurance deducted from your pay or included in lines 4 or 20.	150	¢	0.00
	Life insurance	15a.		0.00
	Health insurance Vehicle insurance	15b.	· : ———	0.00
	Other insurance. Specify:	15c. 15d.	\$	175.00
	• •	130.	Φ	0.00
Spe	es. Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	Illment or lease payments:		Ψ	0.00
	Car payments for Vehicle 1	17a.	\$	0.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	17d.	·	0.00
	payments of alimony, maintenance, and support that you did not report as		*	0.00
	acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
Othe	r payments you make to support others who do not live with you.		\$	0.00
Spec		19.		
	er real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>			
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	· : ———	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.	· 	0.00
	Homeowner's association or condominium dues	20e.	·	0.00
Othe	r: Specify:	21.	+\$	0.00
Calo	ulate your monthly expenses			
22a.	Add lines 4 through 21.		\$	3,580.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	•
	Add line 22a and 22b. The result is your monthly expenses.		\$	3,580.00
				-,
	ulate your monthly net income.	226	¢	0 000 07
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	6,080.27
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,580.00
23c.	Subtract your monthly expenses from your monthly income.			
_00.	The result is your <i>monthly net income</i> .	23c.	\$	2,500.27
_		(1). (1.1		
	ou expect an increase or decrease in your expenses within the year after yo xample, do you expect to finish paying for your car loan within the year or do you expect your			or decrease because of
	ication to the terms of your mortgage?	or tgage	paymont to morease	or accrease because (
■ N	, , ,			
— П Y				

Fill in th	is informa	tion to identify your	case:				
Debtor 1		Bruce Alan Cartw	right				
		First Name	Middle Name	Las	t Name		
Debtor 2	2	Jeannette Adele (Cartwright				
(Spouse if,	filing)	First Name	Middle Name	Las	t Name		
United S	States Bank	ruptcy Court for the:	SOUTHERN DISTRIC	CT OF OHIO			
Case nu	mber						
(if known)			_				☐ Check if this is an
							amended filing
		<u>106Dec</u> on About a	n Individua	l Debte	or's	Schedules	12/15
years, or	Sign E	J.S.C. §§ 152, 1341, 1 3elow	519, and 5571.				
Did	l you pay o	or agree to pay some	one who is NOT an att	orney to help	you fil	I out bankruptcy forms?	
	No						
	Yes. Naı	me of person				Attach Bai	nkruptcy Petition Preparer's Notice,
						Declaratio	n, and Signature (Official Form 119)
		of perjury, I declare rue and correct.	that I have read the su	ımmary and s	chedul	es filed with this declarat	ion and
х	/s/ Bruce	Alan Cartwright		Х	/s/ Je	annette Adele Cartwrig	ght
_	Bruce Al	an Cartwright				nette Adele Cartwright	
	Signature	of Debtor 1			Signat	ture of Debtor 2	
	Date Ma	rch 8, 2022			Date	March 8, 2022	

Fill in	this inforn	nation to identify you	r case:						
Debto		Bruce Alan Cart							
		First Name	Middle Name	Last Name					
Debto	or 2 e if, filing)	Jeannette Adele	Cartwright Middle Name	Last Name					
Unite	d States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT C	DF OHIO					
Case (if know	number				_	heck if this is an nended filing			
Stat	tement		Affairs for Individ		ankruptcy	4/19			
inform	nation. If m		attach a separate sheet to		y additional pages, write you				
Part '	1: Give D	etails About Your Ma	arital Status and Where You	Lived Before					
1. V	Vhat is your	current marital statu	ıs?						
	■ Married □ Not mar	ried							
2. D	Ouring the la	ast 3 years, have you lived anywhere other than where you live now?							
	■ No □ Yes. Lis	t all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .				
1	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there			
					ity property state or territory ico, Texas, Washington and Wi				
	■ No □ Yes. Ma	ike sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	ificial Form 106H).					
Part 2	2 Explai	n the Sources of You	r Income						
F	ill in the tota	l amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		dar years?			
	□ No								
	Yes. Fill	in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$9,230.00	■ Wages, commissions, bonuses, tips	\$7,726.00			
			☐ Operating a business		☐ Operating a business				

Official Form 107

	ebtor 1 ebtor 2			Cartwright dele Cartw	right	Cas	e number (if known)	
					Debtor 1		Debtor 2	
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
Fo (Ja	r last anuar	calen y 1 to	dar year: December	31, 2021)	■ Wages, commissions, bonuses, tips	\$54,000.00	■ Wages, commissions, bonuses, tips	\$44,000.00
					☐ Operating a business		☐ Operating a business	
			dar year be December		■ Wages, commissions, bonuses, tips	\$50,000.00	■ Wages, commissions, bonuses, tips	\$40,000.00
					☐ Operating a business		☐ Operating a business	
		No Yes.	Fill in the de	etails.	Dobtor 1		Debter 2	
	List	No		-	ome from each source separa	itely. Do not include income t	hat you listed in line 4.	
					Debtor 1		Debtor 2	
					Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Pa	irt 3:	List	Certain Pa	ayments You	Made Before You Filed for	Bankruptcy		
6.	Are □	either No.	Neither Dindividual During the	ebtor 1 nor I primarily for a 90 days bef Go to line	P's debts primarily consume Debtor 2 has primarily consuments a personal, family, or househouse ore you filed for bankruptcy, dig. 7. each creditor to whom you pai	umer debts. Consumer debtoold purpose." id you pay any creditor a tota	l of \$6,825* or more?	
				paid that c not include	reditor. Do not include paymer payments to an attorney for t it on 4/01/22 and every 3 year	nts for domestic support oblig his bankruptcy case.	ations, such as child support	and alimony. Also, do
		Yes.			or both have primarily consu ore you filed for bankruptcy, di		l of \$600 or more?	
			■ No.	Go to line	7.			
			□ Yes	List below include pay	each creditor to whom you pai ments for domestic support o r this bankruptcy case.			

Creditor's Name and Address Dates of payment Total a

Total amount paid Amount you still owe

Was this payment for ...

	btor 2 Jeannette Adele Cartwright		Cas	e number (if known)	
7.	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen a control, or owner of 20% o	eral partners; partner r more of their voting	erships of which yo g securities; and a	u are a general partner; corporation ny managing agent, including one fo
	■ No□ Yes. List all payments to an insider.				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
3.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	iny property on a	ccount of a debt that benefited an
	No No				
	Yes. List all payments to an insider	Datas of navenant	Total amount	A	December this resument
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures			
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.				
\ !	Case title Case number	Nature of the case	Nature of the case		Status of the case
	Village Of Ashville Ohioc O R I vs BRUCE CARTWRIGHT, JEANNETTE CARTWRIGHT CVF1900772	GHT, COURT		☐ Pending ☐ On appeal ☐ Concluded	
					- 8,291.00
	The Groves Apartments LIc vs BRUCE CARTWRIGHT, JEANETTE CARTWRIGHT 2018CVG047595	BRUCE CARTWRIGHT, JEANETTE MUNICIPAL COURT CARTWRIGHT			☐ Pending ☐ On appeal ☐ Concluded
					- 0.00
	Credit Adjustments Inc vs BRUCE CARTWRIGHT CVF1500398	CIVIL JUDGMENT	PICKAWAY COUNTY MUNICIPAL COURT		☐ Pending ☐ On appeal ☐ Concluded
					- 952.00
	Unknown Plaintiff vs JEANETTE CARTWRIGHT, BRUCE CARTWRIGHT 2018CVG047595	CIVIL DISMISSAL	FRANKLIN COUNTY MUNICIPAL COURT		☐ Pending ☐ On appeal ☐ Concluded
					- 0.00
	Unknown Plaintiff vs JEANNETTE CARTWRIGHT, BRUCE CARTWRIGHT CVF1900772	CIVIL JUDGMENT	MENT CIRCLEVILLE MUNICIPAL COURT		☐ Pending ☐ On appeal ☐ Concluded
					- 8,291.00

	tor 2 Jeannette Adele Cartwright	Case number (if known)				
	Case title	Nature of the case	Court or agency	Status of the	0.0350	
	Case number	Nature of the case	Court or agency	Status of the	e case	
	Unknown Plaintiff vs JEANNETTE CARTWEIGHT CVF1501053	CIVIL JUDGMENT	PICKAWAY COUNTY MUNICIPAL COURT	☐ Pending☐ On appe		
				- 799.00		
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below		erty repossessed, foreclosed	l, garnished, attached	, seized, or levied?	
	No. Go to line 11.					
	Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date	Value of the property	
		Explain what happened	d			
	American Honda Finance Attn: National Bankruptcy Center	2019 Honda Accord	49,000 miles	8/2021	\$20,000.00	
	P.O. Box 168008	■ Property was reposse				
	Irving, TX 75016	☐ Property was foreclos				
		☐ Property was garnish				
		☐ Property was attached, seized or levied.				
	accounts or refuse to make a payment becannot be a second or seco	e creditor took	Date action was	Amount		
	Ground Humb und Address	Doodingo ino donon in	o oround room	taken	7 illiount	
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a		erty in the possession of an	assignee for the bene	fit of creditors, a	
	No					
	☐ Yes					
Par	List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No	tcy, did you give any gift	s with a total value of more t	han \$600 per person?		
	☐ Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates you gave the gifts	Value	
	Person to Whom You Gave the Gift and Address:					
14.	Within 2 years before you filed for bankrup No	tcy, did you give any gift	s or contributions with a tota	al value of more than	600 to any charity?	
	Yes. Fill in the details for each gift or con	tribution.				
	Gifts or contributions to charities that total more than \$600	Dates you contributed	Value			
	Charity's Name Address (Number, Street, City, State and ZIP Code)					

	otor 1 otor 2	Jeannette Adele Cartwright		C	ase number	(if known)	
Pai	rt 6:	List Certain Losses					
	Withi		uptcy o	r since you filed for bankruptcy, did y	ou lose anyt	hing because of the	ft, fire, other disaster,
	_	No Yes. Fill in the details.					
		cribe the property you lost and the loss occurred	Includ	ribe any insurance coverage for the lo le the amount that insurance has paid. L ance claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost
Pai	rt 7:	List Certain Payments or Transfe	rs				
16.	Includ	ulted about seeking bankruptcy or	prepar	did you or anyone else acting on your ing a bankruptcy petition? ers, or credit counseling agencies for servers.			rty to anyone you
	_	Yes. Fill in the details.					
	Add Ema	son Who Was Paid ress iil or website address son Who Made the Payment, if Not	You	Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment
	Cali 513 Suit	g Law Firm E. Rich St. te 210 umbus, OH 43215	Legal Fees			\$463.00	
	Deb	otor Ed		Credit Counseling			\$14.95
17.	Do no		ditors	did you or anyone else acting on your or to make payments to your creditors sted on line 16.		or transfer any prope	rty to anyone who
	Pers Add	son Who Was Paid ress		Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment
18.	Includinclud	ferred in the ordinary course of yo	ur busi rs made	as security (such as the granting of a se			
	Pers Add	son Who Received Transfer		Description and value of property transferred		any property or received or debts change	Date transfer was made
19.	Withi	• •		y, did you transfer any property to a set tion devices.)	elf-settled tru	ust or similar device	of which you are a
		Yes. Fill in the details.		Description and value of the	urty transfer	ad	Data Transfer was
	ivam	ne of trust		Description and value of the prope	ary transferr	eu	Date Transfer was made

Par	t 8: List of Certain Financial Accounts, In	struments, Safe Deposi	t Boxes, and Sto	orage Units						
 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, cl sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brok houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. 										
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	· · · · · · · · · · · · · · · · · · ·		Last balance before closing or transfer					
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed fo	r bankruptcy, an	y safe deposit box or other deposi	itory for securities,					
	No									
	Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe the contents	Do you still have it?					
22.	Have you stored property in a storage unit	or place other than you	r home within 1 y	year before you filed for bankrupto	cy?					
	No No									
	Yes. Fill in the details.									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)				Do you still have it?					
Par	t 9: Identify Property You Hold or Control	for Someone Else								
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.									
	■ No									
	Yes. Fill in the details.									
	Owner's Name	Where is the pro	nerty?	Describe the property	Value					
	Address (Number, Street, City, State and ZIP Code)	(Number, Street, City, Code)		bescribe the property	Value					
Par	t 10: Give Details About Environmental Info	ormation								
For	the purpose of Part 10, the following definiti	ons apply:								
	Environmental law means any federal, state toxic substances, wastes, or material into the regulations controlling the cleanup of these	he air, land, soil, surfac	e water, ground	- ·						
	Site means any location, facility, or property to own, operate, or utilize it, including dispose	•	environmental la	aw, whether you now own, operate	e, or utilize it or used					
	Hazardous material means anything an env hazardous material, pollutant, contaminant,		as a hazardous	waste, hazardous substance, toxid	c substance,					
Rep	ort all notices, releases, and proceedings th	at you know about, reg	ardless of when	they occurred.						
24.	Has any governmental unit notified you that	t you may be liable or p	otentially liable ι	under or in violation of an environ	mental law?					
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental un Address (Number, S ZIP Code)		Environmental law, if you know it	Date of notice					

_	btor 1 btor 2	Bruce Alan Cartwright Jeannette Adele Cartwright			Ca	se number (if known)			
25.	Have	e you notified any governmental unit of	any release of h	nazardous material?					
		No							
		Yes. Fill in the details.							
		ne of site dress (Number, Street, City, State and ZIP Code)	Governme Address (ZIP Code)	ental unit Number, Street, City, State ar	nd	Environmental law, if you know it	Date of notice		
26.	Have	e you been a party in any judicial or ad	ministrative prod	ceeding under any env	/ironi	mental law? Include settlements a	nd orders.		
		No Yes. Fill in the details.							
		se Title se Number	Court or a Name Address (State and ZIF	Number, Street, City,	Na	ture of the case	Status of the case		
Pai	rt 11:	Give Details About Your Business or	Connections to	Any Business					
27.	With	in 4 years before you filed for bankrup	tcy, did you own	a business or have a	ny of	the following connections to any	business?		
		☐ A sole proprietor or self-employed	in a trade, profes	ssion, or other activity	, eith	er full-time or part-time			
		☐ A member of a limited liability com	oany (LLC) or lin	nited liability partnersl	hip (L	LP)			
		☐ A partner in a partnership							
		☐ An officer, director, or managing ex	ecutive of a cor	poration					
		☐ An owner of at least 5% of the votin	g or equity secu	rities of a corporation	1				
	No. None of the above applies. Go to Part 12.								
		Yes. Check all that apply above and fill in the details below for each business.							
	Business Name Address		Describe the nature of the business			Employer Identification number Do not include Social Security number or ITIN.			
		nber, Street, City, State and ZIP Code)	Name of accou	untant or bookkeeper		Dates business existed	iumber of friiv.		
28.		Vithin 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial astitutions, creditors, or other parties.							
		No							
		Yes. Fill in the details below.							
		ne Iress _l ber, Street, City, State and ZIP Code)	Date Issued						
Pai	rt 12:	Sign Below							
are with	true a 1 a ba	ad the answers on this <i>Statement of Fin</i> and correct. I understand that making a nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.	false statement	, concealing property,	or o	btaining money or property by fra			
/s/	Bruc	e Alan Cartwright	/s/ Je	annette Adele Carty	wrigł	nt			
		Alan Cartwright re of Debtor 1		nette Adele Cartwrig ture of Debtor 2	ght				
Da	te N	March 8, 2022	Date	March 8, 2022					
Did ■ N	No	nttach additional pages to Your Statem	ent of Financial .	Affairs for Individuals	Filin	g for Bankruptcy (Official Form 10	7)?		
Did ■ N		pay or agree to pay someone who is no	t an attorney to	help you fill out bankr	uptc	y forms?			
		lame of Person Attach the <i>Bankru</i> m 107 Staten		parer's Notice, Declarat ffairs for Individuals Filin			page 7		

Debtor 1	Bruce Alan Cartwright	
Debtor 2	Jeannette Adele Cartwright	Case number (if known)

LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re:		Case No.
Bruce Alan Cartwright		
Jeannette Adele Cartwright		Chapter 13
	Debtor(s)	Judge

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. Disclosure

1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2 that compensation paid to me within one year before services rendered or to be rendered on behalf of the det follows:	the filing of the petition in bankruptcy,	, or agreed to be paid to me,
For legal services, I have agreed to accept	 \$	4,350.00
Prior to the filing of this statement I have received	\$	463.00
Balance Due	\$	3,887.00
2. \$_313.00_ of the filing fee has been paid.		
The source of the compensation paid to me was:		
■ Debtor □ Other (specify):		
. The source of compensation to be paid to me is:		
■ Debtor □ Other (specify):		
I have not agreed to share the above-disclosed compassociates of my law firm.	pensation with any other persons unless t	hey are members and/or
☐ I have agreed to share the above-disclosed compens of my law firm. A copy of the agreement, together attached.		

II. Application

- 6. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$4,350, for rendering the legal services set forth below. If I seek payment of fees in excess of \$4,350, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
 - a. Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - b. Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, applicable court orders, and provisions of his or her chapter 13 plan;
 - c. Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required;
 - d. Preparation and filing of the chapter 13 plan and any preconfirmation amendments thereto that may be required; provided,

legal services performed relative to Paragraphs 5.4.1,5.4.2 and 5.4.3 of the chapter 13 plan are not covered by the no-look fee and may be compensated through a separate application for fees; however, in such event, no additional compensation will be allowed for the preparation and filing of a motion pursuant to Rule 5009(d).

- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in the submission of the annual tax return or the retaining of the tax refund pursuant to the Mandatory Form Chapter 13 Plan, exclusive of any subsequent inquiry, amendment, status report, motion, objection or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.
- By agreement with the debtor(s), the above-disclosed fee does not include the following services:
 Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

M	ard	ch:	8.	20	22

Date

/s/ Derek Shaw

Derek Shaw 0088076

Name Calig Law Firm 513 East Rich Street Suite 210 Columbus, OH 43215 614-252-2300

Fax: 614-252-2558 measter@caliglaw.com 0088076 OH

Fill in this inform	nation to identify your case	e:
Debtor 1	Bruce Alan Cartwrigh	ht
Debtor 2 (Spouse, if filing)	Jeannette Adele Cart	wright
United States B	ankruptcy Court for the:	Southern District of Ohio
Case number (if known)		

Check	as directed in lines 17 and 21:						
According to the calculations required by this Statement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Column B is filled in.

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Calculate Your Average Monthly Income Part 1: 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 6,140.00 3,884.00 payroll deductions).

All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.
 Net income from operating a business.

Alimony and maintenance payments. Do not include payments from a spouse if

0.00 \$ 0.00

0.00

0.00

٥.	profession, or farm	Debto	r 1			
	Gross receipts (before all deductions)	\$_	0.00			
	Ordinary and necessary operating expenses	-\$	0.00			
	Net monthly income from a business, profession, or fa	arm \$_	0.00	Copy here -> \$	0.00	\$ 0.00

Net monthly income from a business, profession, or farm \$ ____0.00 Copy here -> \$ ______ \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.

Gross receipts (before all deductions)

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

\$\begin{array}{c} 0.00 \\ 0.00 \end{array}\$ Copy here -> \$\begin{array}{c} 0.00 \\ 0.00 \end{array}\$ \$\begin{array}{c} 0.00 \\ 0.00 \\ 0.00 \end{array}\$ \$\begin{array}{c} 0.00 \\ 0.00 \\ 0.00 \end{array}\$ \$\begin{array}{c} 0.00 \\ 0.00

Debtor 1 Debtor 2	Bruce Alan Cartwright Jeannette Adele Cartwright			Case number	er (<i>if known</i>)			
				Column A Debtor 1		Column B Debtor 2 o	or	
7. Ir	terest, dividends, and royalties			\$	0.00	\$	0.00	
	nemployment compensation			\$	0.00	\$	0.00	
	o not enter the amount if you contend that the e Social Security Act. Instead, list it here:	e amount received	was a benefit under					
	For you		0.00					
	For your spouse	\$	0.00					
bi N U di pi di	ension or retirement income. Do not include enefit under the Social Security Act. Also, excot include any compensation, pension, pay, a nited States Government in connection with a sability, or death of a member of the uniformer pay paid under chapter 61 of title 10, then includes not exceed the amount of retired pay to we retired under any provision of title 10 other the	e any amount rece cept as stated in th nnuity, or allowand a disability, combated ed services. If you ude that pay only to which you would otl	e next sentence, do be paid by the t-related injury or received any retired to the extent that it herwise be entitled	\$	0.00	\$	0.00	
D ui ci ci G d	come from all other sources not listed about on not include any benefits received under the noter the Federal law relating to the national ender the National Emergencies Act (50 U.S.Coronavirus disease 2019 (COVID-19); paymerime, a crime against humanity, or internation ompensation, pension, pay, annuity, or allows overnment in connection with a disability, coreath of a member of the uniformed services. It eparate page and put the total below.	Social Security Admergency declared 1601 et seq.) with nts received as a value of declared and or domestic terrolance paid by the Unbat-related injury	ct; payments made d by the President h respect to the victim of a war orism; or nited States or disability, or					
0.	sparate page and put the total below.			\$	0.00	\$	0.00	
			_	\$	0.00	\$	0.00	
	Total amounts from separate pages, it	f any.	+	\$	0.00	\$	0.00	
	alculate your total average monthly income ach column. Then add the total for Column A Determine How to Measure Your Ded	to the total for Col	umn B. \$	6,140.00	+ \$_	3,884.00	Total average monthly income	
12. C	opy your total average monthly income fro	om line 11.					\$ 10,024.00)
	alculate the marital adjustment. Check one							_
	You are not married. Fill in 0 below.							
	You are married and your spouse is filing	with you. Fill in 0 b	pelow.					
	You are married and your spouse is not fi	ling with you.						
	Fill in the amount of the income listed in li dependents, such as payment of the spou	use's tax liability or	the spouse's support	t of someon	e other t	nan you or you	ur dependents.	
	Below, specify the basis for excluding this adjustments on a separate page.	mcome and the a	mount of income dev	roteu to eac	n purpos	e. ii necessary	y, not additional	
	If this adjustment does not apply, enter 0	below.	_					
			\$ \$		_			
	Total		\$	0.0	00 c	opy here=>	0.	.00
14. `	Your current monthly income. Subtract line	e 13 from line 12.					\$10,024.00)
15.	Calculate your current monthly income for	the year. Follow	these steps:					_
	15a. Copy line 14 here=>						\$10,024.00	_

Debtor 1 Debtor 2	Bruce Alan Cartwright Jeannette Adele Cartwright	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a year).		x 12
15	b. The result is your current monthly income for the year for this part of the form	l	\$120,288.00

Bruce Alan Cartwright Debtor 1 Jeannette Adele Cartwright Debtor 2 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: OH 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 2 67,059.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 10,024.00 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 10,024.00 \$ 19b. Subtract line 19a from line 18. 20. Calculate your current monthly income for the year. Follow these steps: 10,024.00 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 20b. The result is your current monthly income for the year for this part of the form 120,288.00 67,059.00 20c. Copy the median family income for your state and size of household from line 16c

21. How do the lines compare?

- Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4.
- Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Bruce Alan Cartwright

Bruce Alan Cartwright Signature of Debtor 1

Date March 8, 2022

MM / DD / YYYY

X /s/ Jeannette Adele Cartwright

Jeannette Adele Cartwright

Signature of Debtor 2

Date March 8, 2022

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in	this infor	mation to iden	tify your ca	se:								
Debto	r 1 _	Bruce Alan C	artwright									
Debto (Spou	r 2 se, if filing	Jeannette Ad	ele Cartwr	right								
United	d States Ba	ankruptcy Court	for the: So	uthern District	of Ohio							
Case (if kno	number _ wn)							☐ Check	c if this is a	ın amende	d filing	
	ipter 1	^{2C-2} 3 Calc ul	ation c	of Your I	Disposa	able Ir	ncome				04	1/19
		rm, you will ne riod (Official Fo			of Chapter 1	3 Stateme	ent of Your Cur	rent Monthly	Income an	d Calculati	on of	
space	is needed	and accurate a , attach a sepa s, write your na	rate sheet to	o this form, In	clude the lin							
Part 1	Calc	ulate Your Dec	luctions fro	m Your Incom	ie							
the	questions	Revenue Servio s in lines 6-15. nay also be ava	To`find the l	IRS standards	s, go online u	ising the I						Э
exp	enses if th	pense amounts ey are higher th do not deduct ar	an the stand	ards. Do not in	clude any op-	erating exp	penses that you	subtracted fro	om income i			
If yo	our expens	es differ from m	onth to mont	th, enter the av	erage expens	se.						
Not	e: Line nur	mbers 1-4 are n	ot used in thi	is form. These	numbers app	ly to inforn	nation required	by a similar fo	rm used in	chapter 7 ca	ises.	
5.	The num	ber of people	used in dete	ermining your	deductions	from inco	me					
	plus the	number of peop number of any a per of people in	dditional dep	pendents whom						2		
Nat	ional Star	ndards	You must u	se the IRS Nat	ional Standar	ds to ansv	ver the question	s in lines 6-7.				
6.		othing, and oth					d in line 5 and th	e IRS Nationa	al	\$	1,292.00)
7.	the dollar people w	ocket health car r amount for out tho are 65 or old an this IRS amo	-of-pocket he lerbecause	ealth care. The older people h	number of penare a higher	eople is sp IRS allowa	lit into two cated ance for health	goriespeople	who are ur	nder 65 and		

Official Form 122C-2

Debtor 1	Bruce Alan Cartwright
Debtor 2	Jeannette Adele Cartwright

Case number (if known)

Pec	ple v	vho are under 65 years of age							
	7a.	Out-of-pocket health care allowance per person	\$	68					
	7b.	Number of people who are under 65	X	2					
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	136.00	Copy here=>	> \$_	136	.00	
Pec	ple w	vho are 65 years of age or older							
	7d.	Out-of-pocket health care allowance per person	\$	142					
	7e.	Number of people who are 65 or older	X	0					
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=>	> \$	0	.00	
	7g.	Total. Add line 7c and line 7f		\$	136.00	(Copy total I	nere=>	\$136.00
Loc	al Sta	andards You must use the IRS Local Standards t	to answer th	ne questions in	lines 8-15.				
Bas	ed o	n information from the IRS, the U.S. Trustee Protcy purposes into two parts:				d for h	nousing fo	or	
	lousi	ing and utilities - Insurance and operating exper	ises						
	lousi	ing and utilities - Mortgage or rent expenses							
То	answ	er the questions in lines 8-9, use the U.S. Truste	e Program	chart. To find	the chart, go or	nline (using the	link s	pecified in the
	arate Hou	er the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also be using and utilities - Insurance and operating expose the dollar amount listed for your county for insurance	o e available enses: Usin	e at the bankrung the number	uptcy clerk's off	ice.	•		597.00
sep	arate Hou in th	instructions for this form. This chart may also be instructions for this form. This chart may also be single and operating exp	o e available enses: Usin	e at the bankrung the number	uptcy clerk's off	ice.	•		
sep 8.	arate Hou in th Hou	e instructions for this form. This chart may also busing and utilities - Insurance and operating expose dollar amount listed for your county for insurance	be available enses: Usin and operati	e at the bankrung the number of the number of the state o	uptcy clerk's off	ice.	•	" \$_	
sep 8.	Hou in th Hou 9a.	e instructions for this form. This chart may also be using and utilities - Insurance and operating expense dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5,	oe available enses: Usin and operati fill in the dol es.	e at the bankrung the number of the number o	uptcy clerk's off of people you en	ice. tered i	in line 5, fil	" \$_	
sep 8.	Hou in th Hou 9a.	e instructions for this form. This chart may also be using and utilities - Insurance and operating expire dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses.	pe available enses: Usin and operati fill in the dol es. and other de dd all amou	e at the bankrung the number of the number o	uptcy clerk's off of people you en	ice. tered i	in line 5, fil	" \$_	
sep 8.	Hou in th Hou 9a.	e instructions for this form. This chart may also be using and utilities - Insurance and operating experie dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, a contractually due to each secured creditor in the 6	pe available enses: Usin and operati fill in the dol es. and other de dd all amou 0 months af	e at the bankrung the number of the number o	uptcy clerk's off of people you en	ice. tered i	in line 5, fil	" \$_	
sep 8.	Hou in th Hou 9a.	e instructions for this form. This chart may also be using and utilities - Insurance and operating experience dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.	pe available enses: Usin and operati fill in the dol es. and other de dd all amou 0 months af	e at the bankrung the number of the number o	uptcy clerk's off of people you en	ice. tered i	in line 5, fil	" \$_	
sep 8.	Hou in th Hou 9a.	e instructions for this form. This chart may also be using and utilities - Insurance and operating experie dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.	pe available enses: Usin and operati fill in the dol es. and other de dd all amou 0 months af Aver payr	e at the bankrung the number of the number o	uptcy clerk's off of people you en	ice. tered i	in line 5, fil	\$ 00	597.00
sep 8.	Hou in th Hou 9a.	e instructions for this form. This chart may also be using and utilities - Insurance and operating experie dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.	pe available enses: Usin and operati fill in the dol es. and other de dd all amou 0 months af Aver payr	e at the bankrung the number of the number o	uptcy clerk's off of people you en y your home.	ice. tered i	in line 5, fil	\$00	597.00
sep 8.	arate Hou in th Hou 9a.	e instructions for this form. This chart may also be using and utilities - Insurance and operating experience dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor Carrington Mortgage Services	pe available enses: Usin and operati fill in the dol es. and other de dd all amou 0 months af Aver payr	e at the bankrung the number of the number o	y your home.	ice. tered i	in line 5, fil	\$00	597.00
sep 8.	arate Hou in th Hou 9a.	e instructions for this form. This chart may also be using and utilities - Insurance and operating experience dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor Carrington Mortgage Services 9b. Total average monthly payment	pe available enses: Usin and operation operation and operation of the delay of the	e at the bankrung the number of the number o	y your home.	ice. tered i	1,045	\$00	Repeat this amount on line 33a.
sep 8.	arate Hou in the Hou 9a. 9b.	e instructions for this form. This chart may also be using and utilities - Insurance and operating experience dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at Total average monthly payment for all mortgages at Total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor Carrington Mortgage Services 9b. Total average monthly payment Net mortgage or rent expense. Subtract line 9b (total average monthly payment) for the service of th	pe available enses: Usin and operati fill in the dol es. and other ded dall amou of months af Aver payr \$	at the bankrung the number of	y your home. Copy here=>	ice. tered i	1,045	0.00 copy	Repeat this amount on line 33a.

Debtor 1 Debtor 2		e Alan Cartwright nette Adele Cartwright			Case number	er (if known)		
11.	Local tra	ansportation expenses: Check the number of vehicle	cles for which	ch you claim a	an owners	hip or operating	expense.	
	□ 0. Go	to line 14.						
	□ 1. Go	to line 12.						
	■ 2 or n	nore. Go to line 12.						
12.		operation expense: Using the IRS Local Standards g expenses, fill in the Operating Costs that apply for						402.00
13.	You may	ownership or lease expense: Using the IRS Local not claim the expense if you do not make any loan n two vehicles.						
Ve	hicle 1	Describe Vehicle 1: 2019 Honda Accord 49	,000 mile:	5				
13a.	Ownersh	ip or leasing costs using IRS Local Standard			\$	533.00		
13b.	Average	monthly payment for all debts secured by Vehicle 1						
	Do not in	clude costs for leased vehicles.						
	are contr	late the average monthly payment here and on line ractually due to each secured creditor in the 60 mon cy. Then divide by 60.			t			
	Nar	ne of each creditor for Vehicle 1	Average payment	•				
	Am	erican Honda Finance	\$	382.18				
		Total Average Monthly Payment	\$	382.18	Copy here =>	-\$382	Repeat this amount on line 33b.	
13c.		cle 1 ownership or lease expense line 13b from line 13a. if this number is less than \$0), enter \$0.		\$	150.82	Copy net Vehicle 1 expense here => \$	150.82
Vo	hicle 2	Describe Vehicle 2: 2016 Kia Sorento 95,00	00 miles					
		ip or leasing costs using IRS Local Standard			\$	533.00		
13e.	Average leased v	monthly payment for all debts secured by Vehicle 2 ehicles.	. Do not inc	lude costs for				
	Nar	ne of each creditor for Vehicle 2	Average payment	•				
	Ca	pital One Auto Finance	\$	331.51				
		Total average monthly payment	\$	331.51	Copy here => -\$	331.5	Repeat this amount on line 33c.	
13f.		cle 2 ownership or lease expense line 13e from line 13d. if this number is less than \$0), enter \$0.		\$	201.49	Copy net Vehicle 2 expense here	201.49

Official Form 122C-2

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

0.00

0.00

	er Necessary Expenses	the following IRS categorie		e, you are allowed your monthly expenses	s for	
16.	self-employment taxes, so your pay for these taxes. H	cial security taxes, and Medi lowever, if you expect to recome the total monthly amount	care taxes. You may i eive a tax refund, you	and local taxes, such as income taxes, include the monthly amount withheld from must divide the expected refund by 12 y for taxes.	\$	2,293.00
17.	Involuntary deductions: contributions, union dues,	The total monthly payroll dec	ductions that your job	requires, such as retirement		
			ob, such as voluntary	101(k) contributions or payroll savings.	\$	0.00
18.	filing together, include pay	ments that you make for you or life insurance on your dep	ır spouse's term life in:	ife insurance. If two married people are surance. ng spouse's life insurance, or for any form	\$	0.00
19.	administrative agency, suc	: The total monthly amount the as spousal or child suppor in past due obligations for sp	rt payments.	d by the order of a court or You will list these obligations in line 35.	\$	0.00
20.		hly amount that you pay for				
	as a condition for your j	ob, or				
	for your physically or m	entally challenged depender	nt child if no public edu	cation is available for similar services.	\$	0.00
21.		nly amount that you pay for our country any elementary or second	·	ysitting, daycare, nursery, and preschool.	\$	0.00
22.	that is required for the hea by a health savings account		r dependents and that hat is more than the to		\$	0.00
23.	Optional telephone and to for you and your depender phone service, to the exterincome, if it is not reimburs to not include payments for	elephone services: The totals, such as pagers, call wait at necessary for your health a led by your employer. or basic home telephone, int	al monthly amount thating, caller identification and welfare or that of the center and cell phone server.	t you pay for telecommunication services n, special long distance, or business cell your dependents or for the production of ervice. Do not include self-employment mount you previously deducted.	+\$	100.00
24.		allowed under the IRS expe	ense allowances.		\$	5,172.31
	Add all of the expenses a Add lines 6 through 23. litional Expense Deductio	ns These are additional of			\$	5,172.31
Add	Add lines 6 through 23. litional Expense Deductio Health insurance, disabil	ns These are additional of Note: Do not include a ity insurance, and health s	deductions allowed by any expense allowanc savings account expe			5,172.31
Add	Add lines 6 through 23. litional Expense Deductio Health insurance, disabilinsurance, disability insurance	ns These are additional of Note: Do not include a ity insurance, and health s	deductions allowed by any expense allowanc savings account expe	es listed in lines 6-24. enses. The monthly expenses for health		5,172.31
Add	Add lines 6 through 23. litional Expense Deductio Health insurance, disabil insurance, disability insura your dependents.	ns These are additional of Note: Do not include a ity insurance, and health s	deductions allowed by any expense allowanc savings account expe ounts that are reasona	es listed in lines 6-24. enses. The monthly expenses for health		5,172.31
Add	Add lines 6 through 23. litional Expense Deductio Health insurance, disabilinsurance, disability insura your dependents. Health insurance	ns These are additional of Note: Do not include a ity insurance, and health since, and health savings according to the sa	deductions allowed by any expense allowance savings account expense ounts that are reasonate. \$0.00_	es listed in lines 6-24. enses. The monthly expenses for health		5,172.31
Add	Add lines 6 through 23. litional Expense Deductio Health insurance, disabil insurance, disability insura your dependents. Health insurance Disability insurance	ns These are additional of Note: Do not include a ity insurance, and health since, and health savings according to the sa	deductions allowed by any expense allowance savings account exponents that are reasons \$	es listed in lines 6-24. enses. The monthly expenses for health		0.00
Add	Add lines 6 through 23. litional Expense Deductio Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this	ns These are additional of Note: Do not include a ity insurance, and health since, and health savings according to total amount?	deductions allowed by any expense allowance savings account exponents that are reasons \$ 0.00 \$ 0.00 + \$ 0.00	es listed in lines 6-24. enses. The monthly expenses for health ably necessary for yourself, your spouse, o	or	
Add	Add lines 6 through 23. litional Expense Deductio Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this	ns These are additional of Note: Do not include a ity insurance, and health since, and health savings according to the sa	deductions allowed by any expense allowance savings account exponents that are reasons \$ 0.00 \$ 0.00 + \$ 0.00	es listed in lines 6-24. enses. The monthly expenses for health ably necessary for yourself, your spouse, o	or	
Add 25.	Add lines 6 through 23. Ilitional Expense Deductio Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do yes Continued contributions continue to pay for the reayour household or membe	These are additional of Note: Do not include a sity insurance, and health since, and health savings according total amount? you actually spend? to the care of household conable and necessary care	savings account exponents allowed by any expense allowance savings account exponents that are reasonal \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.	copy total here=> Copy total here=> he actual monthly expenses that you will erly, chronically ill, or disabled member of such expenses. These expenses may	or	
25. 26.	Add lines 6 through 23. Ilitional Expense Deductio Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do yes Continued contributions continue to pay for the rea your household or membe include contributions to an Protection against family	to the care of household conable and necessary care of your immediate family will account of a qualified ABLE violence. The reasonably response to the reasonably response to the reasonably response to the care of household conable and necessary care response to the reasonably response to th	savings account expounts that are reasons \$	copy total here=> Copy total here=> he actual monthly expenses that you will erly, chronically ill, or disabled member of such expenses. These expenses may	or \$\$	0.00

Debtor 1 Debtor 2	Bruce Alan Cartwright Jeannette Adele Cartwright	Case number (if known)		
28.	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance and operating expenses on		
	If you believe that you have home energy c 8, then fill in the excess amount of home er	osts that are more than the home energy costs included in expenses on line ergy costs	e	
	You must give your case trustee documents amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that the additional ary.	\$_	0.00
	Education expenses for dependent child \$170.83* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The monthly expenses (not more than pendent children who are younger than 18 years old to attend a private or		
	You must give your case trustee documents claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the amount not already accounted for in lines 6-23.		
	* Subject to adjustment on 4/01/22, and eve	ery 3 years after that for cases begun on or after the date of adjustment.	\$_	0.00
		he monthly amount by which your actual food and clothing expenses are allowances in the IRS National Standards. That amount cannot be more s in the IRS National Standards.		
		ional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office.		
	You must show that the additional amount of	claimed is reasonable and necessary.	\$_	0.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in the form of cash or financial nization. 11 U.S.C. § 548(d)(3) and (4).		
	Do not include any amount more than 15%	of your gross monthly income.	\$_	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.	\$	0.00
Dedi	uctions for Debt Payment			
I: T	pans, and other secured debt, fill in lines	ent, add all amounts that are contractually due to each secured	Avera	ge monthly
	mortgages on your name		payme	ent
33a.	Copy line 9b here	⇒	\$	1,200.00
	Loans on your first two vehicles			
33b.	Copy line 13b here	=>	\$	382.18
33c.	Copy line 13e here	=>	\$	331.51
33d.	List other secured debts:			
	e of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance?		
		□ No		
	-NONE-	☐ Yes	\$	
			Ψ	
		□ No		
			\$	
		□ No		
		☐ Yes +	\$	

	uce Alan Cartwright annette Adele Cartwright			Cas	e num	ber (if known)			
	ny debts that you listed in line er property necessary for you) ,				
■ No.	. Go to line 35.								
☐ Yes	s. State any amount that you i listed in line 33, to keep pos Next, divide by 60 and fill in	session of your property							
Name of th	he creditor	Identify property that se	ecures the deb	t	Tota	I cure amount		onthly	cure
-NONE-				\$		÷	- 60 = \$	mount	
							Сору		
				Total	\$	0.00	total here=>	. \$	0.0
					· —		11010-2		
	u owe any priority claims - su st due as of the filing date of				nat				
	. Go to line 36.	your bankruptcy case	: 11 0.5.C. g	507.					
	s. Fill in the total amount of all	of these priority claims	Do not includ	le current or					
_ 100	ongoing priority claims, suc			o durioni or					
	Total amount of all past-du	e priority claims			\$_	16,000.00	÷ 60	\$	266.6
36. Projec	ted monthly Chapter 13 plan	payment			\$				
Office of the Exe	It multiplier for your district as so of the United States Courts (for ecutive Office for United States a list of district multipliers that include instructions for this form. This list	districts in Alabama and Trustees (for all other d les your district, go online u	d North Caroli istricts). Ising the link sp	na) or by ecified in the	x _				
Averag	ge monthly administrative exper	nse			\$		Copy tota here=>		
	all of the deductions for debt ines 33e through 36.	payment.						\$	2,180.36
Total Dedu	uctions from Income								
38. Add al	Il of the allowed deductions.								
	line 24, All of the expenses allonse allowances	owed under IRS	\$	5,172.31	_				
Сору	line 32, All of the additional exp			0.00)_				
Сору	line 37, All of the deductions for	r debt payment	+\$	2,180.36	5				
Total	deductions		\$	7,352.67	,	Copy total here=>		\$	7.352.6

Debtor 1 Debtor 2 Bruce Alan Cartwright
Jeannette Adele Cartwright

Case number (if known)

Part 2: De	termine You	r Disposable Income Under 11 U.S.C. § 132	25(b)(2)			
39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$ 10,024.00					\$	
40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. 0.0					00	
41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).				\$_	0.0	00
42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here=>				- \$_	7,352.0	<u> </u>
expense their exp	es and you have enses. You m	al circumstances. If special circumstances juve no reasonable alternative, describe the spenust give your case trustee a detailed explanation for the expenses.	ecial circumstances and	d		
Describe th	e special cire	cumstances	Amount of exper	nse		
			\$			
			\$			
				7		
		Total	\$	Copy here=		0.00
44. Total a d	ljustments. A	odd lines 40 through 43	=> \$	B		Copy here=> -\$
45. Calcula	te your mont	hly disposable income under § 1325(b)(2).	Subtract line 44 from lin	ne 39.		\$2,671.33
Part 3: Ch	ange in Inco	ome or Expenses				
have cha time you you filed	anged or are vare valued in case will be a your petition,	r expenses. If the income in Form 122C-1 or virtually certain to change after the date you f open, fill in the information below. For examp, check 122C-1 in the first column, enter line an when the increase occurred, and fill in the a	iled your bankruptcy pet ble, if the wages reported 2 in the second column,	tition a d incre	nd during the eased after	
Form	Line	Reason for change	Date of change		ncrease or lecrease?	Amount of change
☐ 122C-1 ☐ 122C-2 ☐ 122C-2 ☐ 122C-1 ☐ 122C-1 ☐ 122C-2 ☐ 122C-2 ☐ 122C-1				[[[[Increase Decrease Increase Decrease Increase Decrease Increase	\$ \$ \$
☐ 122C-2					Decrease	\$

Debtor 1 Debtor 2	Jeannette Adele Cartwright	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare that the infor	mation on this statement and in any attachments is true and correct.
	Is/ Bruce Alan Cartwright Bruce Alan Cartwright Signature of Debtor 1	X /s/ Jeannette Adele Cartwright Jeannette Adele Cartwright Signature of Debtor 2
_	March 8, 2022 MM / DD / YYYY	Date March 8, 2022 MM / DD / YYYY

Bruce Alan Cartwright

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$78	administrative fee	
+ \$15	trustee surcharge	
\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
_	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. American Honda Finance Attn: National Bankruptcy Center P.O. Box 168008 Irving, TX 75016

Capital One Attn: Bankruptcy P.O. Box 30285 Salt Lake City, UT 84130

Capital One Auto Finance Attn: Bankruptcy 7933 Preston Rd Plano, TX 75024

Carrington Mortgage Services Attn: Bankruptcy 1600 South Douglass Road, Stes 110 & 200 Anaheim, CA 92806

Cb/comenit Attn: Bankruptcy Po Box 182789 Columbus, OH 43218

Ccb/balance 33 North Lasalle Street Chicago, IL 60602

Check 'n Go Attn: Bankruptcy Po Box 14283 Cincinnati, OH 45283

Choice Recovery 1105 Schrock Road Suite 700 Columbus, OH 43229

Comenity Bk/Ulta Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Comenity Capital/JJIlls Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenitybank/New York Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Department of Education/Nelnet Attn: Bankruptcy Po Box 82561 Lincoln, NE 68501

FinWise Bank/Opp Loans Attn: Bankruptcy 130 E Randolph St, Ste 3400 Chicago, IL 60601

Finwise Rise Attention Bankruptcy Po Box 679900 Dallas, TX 75267

Genesis Credit/Celtic Bank Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076

Genesis FS Card Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076

Genesis FS Card Services Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076

Household Finance Co/OneMain Financial Attn: Bankruptcy
Po Box 3251
Evansville, IN 47731

Huntington
Attn: Bankruptcy CAS056
3 Cascade Plaza, #3
Akron, OH 44308

Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346

OppLoans
Attn: Bankruptcy
One Prudential Plaza, 130 E Randolph St,
Chicago, IL 60601

Personify Attn: Bankruptcy Department Po Box 500650 San Diego, CA 92150

Receivable Management Inc 7206 Hull Road Suite 211 Richmond, VA 23235

Synchrony/PayPal Credit Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

USDOE/GLELSI Attn: Bankruptcy Po Box 7860 Madion, WI 53707